

07/09/01

| Class | Subclass |
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ISSUE CLASSIFICATION

PATENT NUMBER

|   |             |
|---|-------------|
| O.I.P.E.                                  | PATENT DATE |
| 1-27<br>SCANNED <u>TR2</u> Q.A. <u>SS</u> |             |

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| APPLICATION NO<br>09/902074 | CONT/PRIOR | CLASS<br><del>501</del> | SUBCLASS | ART UNIT<br>2624 | EXAMINER<br>/ |
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**TITLE**

PTO-2040  
12/99

| ISSUING CLASSIFICATION       |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
|                              |  |          |  |                    |                                   |  |  |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>                              |              | <b>CLAIMS ALLOWED</b>             |              |
|  | Sheets Drawg.                                | Figs. Drawg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.   | _____<br>(Assistant Examiner) (Date)         |              | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S. Patent. No. _____<br>_____<br>_____ | _____<br>(Primary Examiner) (Date)           |              | <b>ISSUE FEE</b>                  |              |
|  |  |              | Amount Due                        | Date Paid    |
| <input type="checkbox"/> The terminal ____ months of<br>this patent have been disclaimed.  | _____<br>(Legal Instruments Examiner) (Date) |              | <b>ISSUE BATCH NUMBER</b>         |              |

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